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PRAYER FOR MEDICAL MISSIONARY VOCATIONS

Ant. Why stand you here all the day idle? Go you also into My vineyard,

V. Pray the Lord of the harvest

R. That He may send laborers into His harvest.

Let Us Pray

Our Lady of Lourdes, we earnestly beseech thee to intercede with thy Divine Son for an increase of devoted servants, who, renouncing the world to embrace a life of poverty, chastity and obedience, will spend themselves in the service of the sick and suffering, as Medical Missionaries, unto the greater glory of God, their own sanctification and the salvation of souls in pagan countries.

Our Lady of Lourdes, pray for us.

St. Joseph, pray for us.

Imprimatur:

✠ MICHAEL J. CURLEY, D.D.,
Archbishop of Baltimore.

Roger Van Der Wegden

Saint Luke, Evangelist, Physician and Artist Painting Our Lady
He is one of the Patrons of the Society

THE DEPRESSED CLASSES OF INDIA

ANNA DENGEL, S.C.M.M., M.D.

India has 60,000,000 of so-called "outcastes," who also go by the name of "pariahs" or "harijans" or, simply, "sweepers." The latter appellation explains that the great majority at least, are the scavengers of the country and, as such, really fulfill a very essential, although humble and unpleasant, piece of work. On account of the antiquity of the caste system, one cannot say exactly how such a class arose, although it is quite reasonable to believe that the conquered, especially those of a lower stage of civilization, were made to serve and perform the most repugnant tasks. In order to keep them to it, all other avenues of earning a livelihood were barred to them. From time immemorial they were simply outcaste, despised, treated as a class apart not to be associated with.

Promotion was impossible, for they were made to consider their fate as irrevocable, brought on by sins and wickedness of their own in a previous existence; in other words, they were reaping now what they had sown before. Consequently, the outcastes know their place; they keep at a distance, especially from Brahmans and other high-caste Hindus, who dread even the pollution of their shadow. The outcastes live in sections apart, usually on the outskirts. Although they are the sweepers, their lanes and streets are ordinarily neglected because no one pays for keeping them clean. Some years ago I went regularly, once a week, to the section of the Catholic sweepers in Rawalpindi. The filth of their lanes was appalling; eye disease and malaria abounded. "Why don't you keep your own part clean!" I said to them. "I shall come back in the evening and see if you have removed the rubbish." They had, the good souls, to please me, but no broom passed over the *gullies* (lanes) until I was expected again. My pleading for cleanliness, however, gave them an opportunity to ask for things which were more vital to them; some wanted jobs, others had a grievance against the municipality, and so on. On one of my visits, a young Christian who could read and write asked to be allowed to read out a lengthy document which he had drawn up to petition for the reduction of rates. The word "rates" occurred and reoccurred and was spelled and pronounced "rats,"

which, needless to say, produced ludicrous combinations. I had to keep a straight face, for who would like to be laughed at when it was a question of rates and taxes and even rats! He wanted me to present the petition, of course. This incident only shows that they have their problems, but feel helpless themselves and place their trust in others willing to assist them. The opportunities of espousing their cause are numerous, but there were never enough people available to really help them. Of late, however, a tremendous change has come about in this respect. Politics set the ball rolling at a terrific speed in 1932. When, as a result of the Round Table Conference in London, the problem of the various communities in India could not be solved, the Prime Minister was asked to settle the question. He awarded 71 seats to the depressed classes who comprise almost one-fifth of the population of India. This would have cut off much influence from the Hindu body. Consequently Ghandi began to fast to prevent the split. His method succeeded. A pact was made in Poona, as the result of which the Government considered the depressed classes not as a separate body, but as Hindus.

In order that not only the Government but also the Indians themselves would accept them as Hindus, the Harijan movement was set on foot. In the four years of its existence it has become an all-India organization, with 29 branches in the provinces. The purpose of this and other organizations is to remove the stigma of untouchability and to give the harijans the right to enter temples and schools, to make use of public wells, roads, burning ghats, etc., and, of course, to give them also social and economic improvements.

But it is not as simple as it looks. Various opposing forces are at work. One of their leaders, Dr. Ambedkar, for instance, is inciting the outcastes to relinquish Hinduism, telling them that they can never expect social improvement under its allegiance.

Federated India, an Indian weekly, on the other hand, says: "We do not depreciate any religion as such. But the religion to which large sections of the people of the country are to be converted should be an indigenous religion; it will be far better than an exotic one. The Muslim faith is not only exotic, but thousands of Mohammedans consider that their spiritual home is outside India and they are interested more in the political conditions of Muslim countries than in the political destiny of the country of their own forefathers. Christians are not so expressive in this respect, but there is no denying the fact that a European Pope or a European Bishop is the head of the Church. . . ."

Long before all this agitation, which, no doubt, must also have some humanitarian appeal to its political promoters, Catholics and Protestants were the advocates and helpers of the depressed classes for purely disinterested reasons. Ever since they started work in India, they have made the outcastes the object of their interest as regards conversion, social uplift, and education. This is what one would expect of followers of Jesus Christ. To Him the lowly, the unprivileged, the suffering, were near and dear. By example and words He taught the lesson that all, without distinction of birth, are children of His Heavenly Father and should be loved and served for His sake. He even elevated the service rendered to the least of them as being done to Him personally by saying: "What you do to the least of these, you do it unto Me."

No religion, may it have ever so many good points, can compare with the Christian religion in actual love and service to the poor. In the Catholic Church there is no phase of poverty or human need which is excluded from an understanding charity, and those who render it see in it rather a privilege than a penance.

There are 60,000,000 of the poorest of the poor at the cross-roads of choosing a religious affiliation, at the present time. This autumn their leaders will meet in Madras, and much will depend upon the outcome.

What can we at home do to swing the pendulum in favor of their best and truest interests? Prayers and sacrifices can and will move the Merciful Heart of the Saviour of all Mankind. Many workers are needed to preach, teach, and help them in their physical needs. Pray that they will be forthcoming in great numbers!

A large percentage of the 4,000,000 Catholics in India belong to the outcastes. Sometimes people complain of the native Christians from this class. Just because they are Christians they are expected to be men and women of character, honesty, and loyalty. The fact is that they are by no means all of that, but they are surprisingly good considering the circumstances. If it is true that heredity and environment mean so much in the formation of character, what can you expect of them? Down through the ages they were considered and treated as the scum of the earth and made to believe in their inherent unworthiness and guilt, for which reason it was useless for them to aspire to anything better and higher. They were excluded from the stimulating company of people with happier and brighter outlooks on life.

What is their daily occupation? Handling refuse, sweeping, and

doing all the dirty work others will not do. What is their pay? Eight annas a day—that is about 20 cents in American money—to house, feed, clothe, and provide incidentals for a family. Is all this conducive to the development of high ideals in life, to being a pattern of honesty and loyalty to your high-born patron, especially if he considers it his right to abuse you at the least provocation?

Much could be said and written about the housing of these poor people and much remains to be investigated. The Christian sweepers in Rawalpindi have mud huts with one or two rooms, usually rather dark. The cooking is done in front on a low stove. Quite a number have a little courtyard which gives them some privacy.

Another type is a walled-in settlement, such as I visited frequently when I had charge of Saint Francis' branch dispensary. There the sweepers are not Christians. The entrance is guarded by a fakir with long, matted hair, and dressed in a cool and cheap costume, a loin cloth, seated cross-legged, surrounded by some hokus-pocus instruments and some devotees. I was told that a modern Hindu sect keeps him there to preserve Hindu influence. I always had a few words with him, and he was even glad to have his picture taken. The inside of the compound was usually crowded. On arrival, I was greeted by some, while others remained apathetically on their string beds. The latter were usually well occupied, either by sick people or groups of women and children sitting or lying in them. When they had nothing in particular to do, they whiled away the time chatting, joking, quarreling, or charitably relieving each other of cooties.

Each family has one room. The rent is not too high, but too much for what they get. These sweeper compounds are moved from time to time according as the city grows. Near them is usually the dumping ground, an ideal breeding place for mosquitoes and similar enemies of health.

And what is considered good enough for the last resting place of these native Christians? A few years ago I went to the funeral of a Catholic woman who had died of tuberculosis. It was interesting for more reasons than one. First, the funeral had gone on ahead; when, we did not know exactly. Secondly, we had to drive very far in a tonga and then walk very far, too, for the cemetery allotted by the municipality to the Catholic sweepers was as remote as it could be and beyond the fields where the city sewage was deposited. *Nolens volens,* one had to pass them and inhale the pestilential air which, on that occasion, almost overpowered me. When we arrived

there, the poor woman was already buried. The priest, with whom we had come, blessed the grave and then returned with us. I wonder if Dante's Inferno has a hell of smells! It would be a dreadful punishment to go there!

On my recent trip to India I also had an opportunity of seeing a little of the life of the depressed. I was driving through Bombay with two ladies who were out to see the sights of the world. When we came, by chance, to a so-called "chawl"—that is, a tenement house—I had the inspiration to call a halt and invite them to step in with me. One of the inhabitants, a young man who was standing outside, was glad to take us through. It was a long building, several stories high, one of a group erected some years ago by the Improvement Trust of the City of Bombay for low-caste workers. Each family has one room, part of which is partitioned off for cooking. The people sleep on the floor or on string beds which some put up against the wall during the day to make room for eating and moving about, especially for the children. In several rooms we saw a box dangling from the ceiling with a baby in it. Nearly all the little tots looked pale and had flabby muscles. The rooms seemed clean. One can imagine what it must be if father, mother, and three or more children occupy *one* room in the heat of Bombay, but how they fare when one or more is sick is hard to visualize. And one must remember that the adjoining room also harbors a whole family with its problems—maybe a baby is born, or some other family event takes place. And what if anybody dies? Just by coincidence, that was not left to our imagination. As we walked along the corridor, which fortunately was wide, I saw what looked like a big white bundle. On inquiring, the boy told me quite casually that it was the corpse of a woman that would be taken away soon to be burned. Of course! What else could you expect? The only thing to do when you have only one room for the family is to put the dead outside the door.

The sanitary arrangements were in the center of the building—bad, but not too bad considering all else. We met the man in charge of the house. The thing he deplored most of all was the lack of electric light in the building which must house several hundred people. Another decidedly unpleasant feature was that big buffalo stables were built close up, so close in fact that from the windows of the tenement house one could touch the heads of the animals with a broomstick. The screening was small enough to keep out the noses of the buffaloes, but not birds and bats, to say nothing of smaller fry. As we were leaving, we noticed a man crouching under the stairs.

"He is too poor to pay the rent," said the boy. This led us to inquire concerning the amount of the rent, which was seven and a half rupees a month, or $2.80 in American money.

These tenement houses are an effort to help the city and the people and, no doubt, to a certain degree the aims are achieved. With continued study and effort conditions will improve as they have elsewhere. For the present, it is not difficult to give explanations to those who condemn the native Christians. Who can expect them to be refined gentlemen, with all the natural virtues that good breeding, education, beautiful surroundings, health and cultured companionship provide? Of the supernatural, they have little or nothing, because it is not brought except to the very few.

Besides the important question of housing, other phases of the life of the depressed classes, such as food, clothing, and education, would be interesting, but they would lead too far.

It would be gratifying if the foregoing would stimulate all those who read it to prayer and action for this real, live mission problem of today. As the enemies of God are hard at work in many countries to deprive people of their faith, should we not do our utmost to win others? Sixty million Indian outcastes are to be won for Christ by prayer, sacrifice, and labor.

Saint Therese of the Infant Jesus, dear Little Flower, whom the Holy Father has proclaimed Patroness of Missionaries, send a shower of roses on all missionaries and all benefactors of missions on your feast, October 3.

VACCINATION FOR THE TROPICS

By Sister M. Elise, S.C.M.M.

The past century initiated many radical changes, but it would be hard to find a field where these alterations have been as thorough as in medicine. Methods of diagnosis and treatment, which are common in our day, were utterly unknown in the eighteenth century, and a great many new disease-entities have been added to the list of human maladies. But even more remarkable than this recent rapid growth of medical science is the curious shift in the prevalence of various diseases. Plague, smallpox and cholera used to blizzard through Europe killing one-half of the population and terrifying the rest. At present they are so rare in civilized countries that many a doctor goes through life without ever meeting a genuine case of any of them. Diphtheria, typhoid and scarlet fever are rapidly falling in the morbidity and mortality rates while cancer and heart diseases are increasing in number.

Many factors have contributed to this change, such as better sanitation and personal hygiene, earlier diagnosis and better treatment and in some cases a specific preventive measure known as "vaccination" or prophylactic immunization. There is no disease which illustrates the value of this last procedure more strikingly than smallpox. Before vaccination became compulsory the number of deaths from smallpox in Sweden, over a period of 35 years, was 3,000 per 1,000,000 inhabitants. After 1816 this number was 169. Recent small epidemics in areas where vaccination had been neglected for some time show that the disease has lost nothing of its virulence, and that nothing but vaccination will keep this scourge away from the country. Similar results may be expected from wholesale immunization against diphtheria, a procedure which is becoming increasingly popular in the United States.

On the other hand, most of the credit for the decrease of plague, cholera, dysentery and typhoid goes to the improvement of sanitation. A clean water supply, good sewage disposal, sterilized milk and constant food control, extirpation of rats and unceasing vigilance at the ports have built up barriers of protection around our civilization. This is so true that the incidence of typhoid in a city can be called an "indication of the efficiency of the local Board of Public Health."

Altogether different, however, is the picture presented by the

tropics. There, immediately beyond the westernized parts of the large cities, sanitation breaks down before the enormity of the task. The people live in constant, close contact with all the dangers of infection imaginable: contaminated water, milk and other foods, lice, rats and fleas, filth and feces, infected persons and objects, and all this aggravated a thousandfold by an almost complete ignorance of the simplest principles of personal hygiene.

As a result typhoid, dysentery, cholera and plague, those never lying indicators of a country's sanitary standard, are still rampant in India, China and tropical Africa. According to McKinley's "Geography of Disease" there were 35,578 cases of cholera, 4,392 cases of plague, and 6,375 cases of typhoid in India alone in one year. These were registered cases, well diagnosed and undeniable, but who can say how many pass unnoticed and undiagnosed? Smallpox, typhoid and dysentery are endemic everywhere in China, with the additional menace of typhus fever in the North. In West Africa this picture is completed by the presence of yellow fever and plague.*

Now it is obvious that proper sanitation, and sanitation only, will ultimately cure these conditions. But as a provisory measure and especially for the protection of newcomers to the tropics, prophylactic immunization is of immense value in a great many diseases. Everyone who plans to travel or live in the tropics should be acquainted with the rudiments of vaccination in order to safeguard himself from all avoidable dangers.

The principles of immunization are very simple. From the earliest ages it has been observed that many diseases occur only once in a person's lifetime. Thus, one attack of smallpox, typhoid, diphtheria, etc., usually protects the body against a second one. On this observation rests the purely empirical method of vaccination against smallpox as devised by Jenner in 1798 and the later experiments of Pasteur on chicken-cholera, anthrax and rabies. In all of these cases the procedure consists essentially of introducing into the body the causative agent of the disease but modified in such a way that no actual illness occurs while yet the body responds to the injection with the production of specific immunity.

This immunity may take various forms. The simplest and best understood is the antitoxin formation. Some pathogenic bacteria liberate a poisonous substance, known as soluble exotoxin. This toxin,

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* It will be understood that only those diseases which offer a possibility of vaccination are mentioned in this study.

when introduced into the body, calls forth the production of another substance, called antitoxin, which neutralizes the effect of the toxin. This principle is by no means limited to the bacterial toxins. Many other poisons, notably snake-venom, and in general, all complex proteins, stimulate the production of specific antibodies. It is not known just how and where these antibodies are made, but they circulate in the blood.

However, many bacteria do not produce exotoxins. They stimulate the production of various other antibodies known as agglutinins, precipitins, lysins, etc., but these are probably of no value in the production of immunity, although they are very useful as a means of diagnosis. For want of a clearer concept, the protection which results is called "tissue-immunity" and is thought to be inherent to the cells of the organism.

It is to the eternal glory of Pasteur to have developed a method whereby all of this theoretical knowledge could be connected with the struggle against disease. For while all these considerations aided in understanding many features of infectious diseases, yet they were of no use in their prevention and treatment until a method had been devised to modify the bacteria to the extent that no illness would follow the injection and yet specific immunity would result. Pasteur, by accident, found the first method, namely, that of growing the bacteria on artificial culture media until they had lost their virulence. Later on suspensions of killed bacteria were shown to be satisfactory for immunizing purposes in several instances. Where toxins are used to produce immunity, they are now changed to the harmless toxoids, usually by chemicals.

TYPHOID

Among the diseases of the tropics which offer a possibility for vaccination, typhoid stands out as one of the most important. Typhoid vaccination has been carried out in the United States Army and Navy since 1910. The so-called T. A. B. or triple vaccine is used. It consists of 500,000,000 heat-killed typhoid bacilli plus 300,000,000 paratyphoid A and paratyphoid B bacilli per 1 cc., usually given in three doses, one week apart. The efficacy of the procedure is undeniable. The incidence of typhoid in the army during the World War was very low, despite the almost complete lack of sanitation on the battle-fields. Typhoid vaccination has never been compulsory for the civil population, so the decrease of typhoid in the large cities of Europe and America is undoubtedly due to sanitation. Only

those persons who are exposed by their mode of life, notably travelers in typhoid-ridden countries, should be immunized against typhoid. Protection is said to last about two years.

Typhoid vaccination has become such a routine procedure that it may seem strange to question it. Yet, in recent years, observations have been made which have led to the formation of a "Subcommittee on the Study of the Efficacy of Typhoid Vaccination," showing that the matter is not as well settled as it might appear to be. The first and foremost task of this committee is to study the material which is used for vaccination. In this country this is a killed culture of the Rawlings strain. In 1930 Grinnell showed that in most laboratories this strain is in the rough phase, and the question arose as to whether it is still the best antigen. We may expect some important changes in the preparation of the typhoid vaccine within the next few years.

CHOLERA

Vaccination against cholera is one of the oldest of immunizations. It was done on a large scale in India by Haffkine in 1890. Its value, taken as a whole, is undeniable. At first, living but attenuated cholera spirillae were used. Later on this was changed to heat or chemically killed cultures. Neither method has shown itself to be definitely superior to the other.

In October, 1935, the *Indian Journal of Medical Research* published a report of compulsory vaccination among the tea-estate laborers in Lakhimpur and Sibsagar in Assam, India. These workmen come from all parts of India and are very likely to pick up cholera on their way through Bengal. Nevertheless, since 1919 persistent compulsory vaccination has brought the incidence of cholera in the tea estates down to a remarkably low level.

This and similar scattered reports of efforts at immunizing the population sound very optimistic, but the general opinion is not very favorable towards wholesale vaccination. It seems that the percentage of success is not high enough to warrant extensive compulsory vaccination, even if such a gigantic and expensive work could be undertaken under the present circumstances. But individual vaccination of persons who have reason to fear cholera infection, such as doctors, nurses, and missionaries living in rural sections where sanitation is poor, is certainly advisable.

DYSENTERY

A large and poorly defined group of organisms is involved in the causation of a disease known as dysentery. This heterogenous group of causative agents, plus the great difficulty of establishing an exact diagnosis, has made immunological studies on this disease extremely difficult. The result of attempts at vaccination were just what one would expect under the circumstances; unsatisfactory, although not wholly ineffective.

At present, the whole subject of dysentery-producing organisms is under careful study, and until the morphology and especially the variability of these bacilli has been adequately defined, we cannot expect any satisfactory results from indiscriminate vaccination. Besides this multitude of causative agents, there is the extreme variability of the organisms to cope with. Philip Hadley has described some of the mutations to which the Shiga bacillus is subject. Other workers have studied numerous transitional stages, varying in virulence and antigenic qualities. This complicates the preparation of an efficacious vaccine considerably. Some workers have reported good results from bacteriophage-lysed cultures; others have tried oral vaccination; but all of these methods are still in the experimental state.

PLAGUE

It was natural that a dangerous and much-dreaded disease like plague would stimulate the quest for a life-protecting vaccine as soon as that possibility was known. We find the first reports of attempts at plague-immunization around 1897, and an extensive campaign was conducted in India at that period, during which 8,000,000 doses of the Haffkine vaccine were distributed. This Haffkine virus consisted of suspensions of heat-killed plague-bacilli.

The results were very similar to those of cholera vaccination. While the best authorities on the subject state that the vaccine was undoubtedly of great value, yet it was not absolutely reliable. Cases of plague occurred in persons who had been vaccinated, although they were usually not fatal. But it lowered the practical value of the vaccine, for public opinion is very apt to turn against a vaccine which is not highly reliable. Such was the experience of the Public Health Service in the Dutch East Indies, where the Haffkine vaccine was used in a campaign against plague in Java, in 1920. Carefully conducted and well controlled vaccination of about 40,000 persons showed

an efficacy of 59.4 per cent. The procedure was given up because the people had lost all faith in it.

Plague has been endemic for years in Madagascar. Vaccination was carried out extensively, with the same unsatisfactory results as elsewhere. But recently a new method of vaccine-preparation was adopted which sounds rather promising. In this process, living but attenuated bacilli are used. The first experiments were carried out on an experimental animal which was very susceptible to plague and hard to immunize. They were very successful. None of the animals contracted the disease, and all developed a very satisfactory immunity. Then, with great fear and trepidation, the living attenuated bacilli were injected into men, first the workers themselves, later volunteers. No undesirable consequences were noticed, except the slight general indisposition which follows nearly every vaccination. In the spring of 1934, about 60,000 inhabitants of Madagascar were immunized with this vaccine. This established the harmlessness of the procedure beyond a doubt, but, of course, no statement can as yet be made about its immunizing qualities.

The use of living attenuated bacilli for vaccine purposes is a great favorite with the French school. It has its merits, but it requires a very careful administration and can never be made "foolproof."

YELLOW FEVER

Yellow fever is one of the virus diseases. It is endemic along the West Coast of Africa and in South America. Its etiology has been known since 1903, but the greatest progress in the study of the disease came after a susceptible experimental animal had been found. Since 1927, macacus monkeys, and since 1930, white mice, infected by intracerebral injections, have been used. At present there is a method of active immunization by means of a mixture of neurotropic virus, obtained from white mice, and human anti-serum. This method is very satisfactory, but it is used only for persons who are highly exposed. The prevention of yellow fever, which is at present well under control, is done largely by the extirpation of the transmitting mosquito, Aedes aegypti.

TYPHUS

Immunization against typhus fever has received a great deal of publicity lately. It has been highly successful in cutting down the mortality rates of the missionaries of Scheut, in Northern China. Typhus was formerly the greatest danger for missionaries in those regions. In a period of 25 years 88 priests died of typhus. Since

annual vaccination was introduced in 1931, not one fatal case of typhus has occurred among the immunized personnel of the mission. The vaccine used is prepared in the Bacteriological Laboratories of the Catholic University of Peking, under the direction of Dr. T. Tchang, according to the method devised by Professor Weigl, of Lwow, Poland.

From this short review, it will be clear that all these methods of vaccination are empirical. They all involve some destruction of antigenic material. The ideal way of preparing a vaccine has not yet been found. During the last 15 years some light has been thrown upon this problem which may account for the many failures in immunization. It is the observation that bacteria occur in two phases. In 1921, Arkwright coined the terms "smooth" and "rough" for these mutations in one and the same strain of bacteria. In general, the smooth forms are encapsulated, virulent, and therefore good immunizing agents, because they contain the complete antigen, capsule as well as body. The rough forms lack the capsule, are non-virulent, and usually poor material for vaccination.

Before this was clearly understood no distinction was made between rough and smooth forms in the preparations of a vaccine. Sauer has proved that this was the underlying cause of failure in the vaccination against whooping cough, and it seems reasonable to suspect that this same factor is involved in many other diseases where vaccination has never been wholly successful. The vaccines for cholera, dysentery, and plague have been made from old stock-cultures, isolated 20 or 30 years ago and kept alive by periodic transplantation on agar-media. This must almost certainly have caused the bacteria to go over into the rough phase, and the explanation of the lack of success is clear.

A complete restudy of vaccination on the basis of this new observation is necessary. To continue in the old way, with stock-vaccines, is unjustified and perhaps worse than useless. What is most needed is first a better knowledge of the chemistry of bacteria, and secondly, an ideal method for the preparation of vaccine. Once this has been established, a rapid and successful reconstruction of the whole problem may be expected.

In the meantime, it will be best to use the old vaccines whenever indicated, for although they do not give complete protection, they do decrease the fatality of the disease. All those exposed to any of the avoidable diseases have the duty of protecting themselves by this simple, harmless, and saving procedure.

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INDIA

More Than Four Million Catholics

The Catholic Directory of India for 1936 gives the most recent account of the missionary activities in that section of the world. The total number of Catholics has been raised to 4,056,155. The number of missionaries has also increased. Priests of different foreign Congregations number 2,142, while there are now 2,503 native priests. This represents an increase of 433 over last year.

Nevertheless, this number of laborers is still insufficient for so immense a mission field. They can hardly take care of the present number of the faithful, even when they do not go out for new conversions. The Catholic population is spread out over the country very unequally. The Dioceses of Goa and Colombo have the most Christians—346,341 and 302,409 Catholics, respectively. The Diocese of Changanacherry is next with 258,258; Ranchi with 256,336, and Trichinopoly with 237,480.

Ten Dioceses have more than 100,000 Catholics: Ernaculam 188,-902; Trichur 155,260, and Quilon 155,199. On the other hand, there are other places with very small communities of faithful. Seven missions have less than 5,000 Catholics.—*Mission Facts, Mount Carmel, July-August,* '36.

The Society at Home and Abroad

WASHINGTON

Profession and Reception Ceremonies

The Feast of the Assumption of Our Lady was this year doubly a feast of rejoicing for our little community because on that day its ranks were increased by six Sisters who made their first vows of Poverty, Chastity and Obedience and who bound themselves by the Mission Oath to devote themselves to the medical mission apostolate for a period of three years, and to go without delay into any region or place whither the Superior General would send them. Two postulants received the religious habit at the same time.

The Most Rev. Francis P. Keough, D.D., Bishop of Providence, honored us by presiding at the ceremony. His Excellency celebrated the Solemn Pontifical Mass which followed, and was assisted by the Rev. Joseph H. Seiferman, of Somersville, Conn., as arch-priest; the Rev. Francis P. Goodall, C.S.C., of Washington, as deacon of the Mass; the Rev. James Gleason, C.M., of Baltimore, Md., as subdeacon; the Rev. Michael J. McKeough, O.Praem., of Claymont, Del., and the Rev. Raymond Switalski, C.S.C., of Washington, as acolytes; and Brother Bertrand, C.S.C., of Washington, as thurifer. The Rev. Bernard J. Lennon, of Providence, R. I., was master of ceremonies. The Rev. Francis J. Deery, of Providence; the Rev. Paul V. Foley, S. M., the Rev. Ralph Denk, O.F.M., and the Rev. Ferdinand H. Schoberg, S.J., all of Washington, were present in the sanctuary.

The Rev. Charles J. Flynn, C.S.C., of Notre Dame, Ind., who conducted the annual eight day retreat prior to the Feast of the Assumption, preached the sermon. He addressed words of encouragement to the two who were on the threshold of the year set apart for the canonical novitiate. To the six newly professed Sisters he pointed out not only the beauty of their vocation but also its obligations toward personal sanctification and disinterested zeal for the salvation of souls as well as the spreading of God's Kingdom through the opportunities which daily present themselves to the Medical Missionary in her errands of mercy. He remarked that not rarely

the world sneers at what it terms selfishness and cowardice in shirking life's responsibilities by certain young souls, who, perhaps on the threshold of a promising worldly career, withdraw from things mundane to enter the sanctuary of religion. It cannot see with the eyes of Faith that such a consecration is really the beginning of selflessness and devotion to the needs of one's neighbor for supernatural motives, in addition to constant, tireless striving for personal sanctification. In closing, Father Flynn extended his congratulations to those taking part in the ceremonies and also to the parents, relatives and friends present.

THE NEWLY RECEIVED AND PROFESSED

Those who made their first Vows and Mission Oath were: Sister M. Bernadette, Sister M. Pauline, Sister M. Barbara, Sister M. Camillus, Sister Ignatius Marie and Sister M. Francis Patrick. The newly received were Miss Margery Tyler, in religion Sister M. Bernard and Miss Isabella Schmitz-Dumont, in religion Sister M. Isabelle.

Sister M. Bernadette, formerly Miss Elizabeth Dömmel, of Pecz, Hungary, attended the Notre Dame Convent School and also the School of Music in her native city. She entered the Society's postulate, Mater Christi House, in Osterley, London.

Sister M. Pauline, formerly Miss Anna Mae Downing, of Manchester, Conn., is a graduate of Saint Francis' Hospital Training School for Nurses in Hartford, Conn. She pursued post-graduate work in psychiatry at Mount Hope Retreat, Baltimore, Md., and later held a position there as supervisor.

Sister M. Barbara, who was Miss Ruth Taggart, of Wilmington, Del., is a graduate of the Ursuline Academy in Wilmington. The year prior to her entrance she attended the College of the Sacred Heart of Manhattanville, N. Y.

Sister M. Camillus, formerly Miss Veronica Peterson, is from Brooklyn, N. Y. She entered the Society immediately upon her graduation from the Saint Saviour High School, Brooklyn.

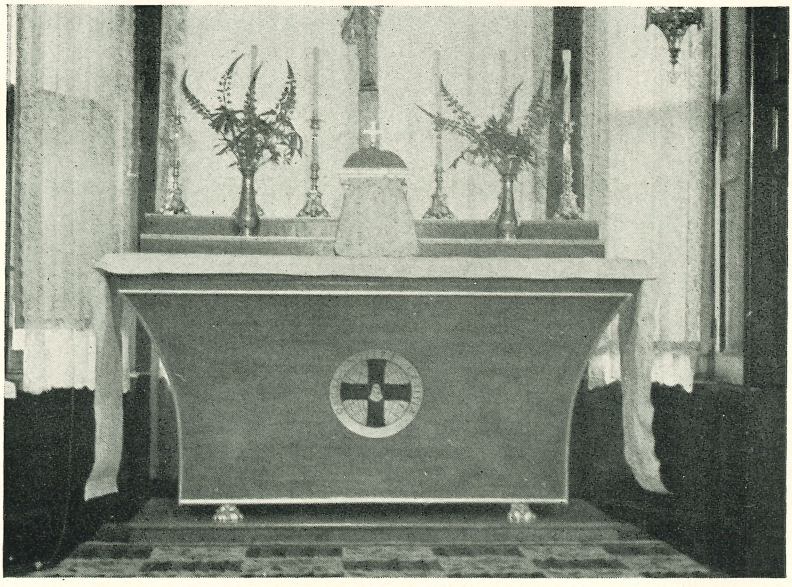
Sister Ignatius Marie, who was Miss Ellen G. Desmond, is a native of Somerville, Mass. She attended the Somerville High School and Boston Academy of Notre Dame, as well as the New England Conservatory of Music. She received her

Sister M. Vincent En Route to India

(*See page* 113)

**Cow-Dung Fuel on the Head—
Cough Mixture in the Hand**

Professed August Fifteenth



New Altar at Mater Christi House

(*See page* 118)

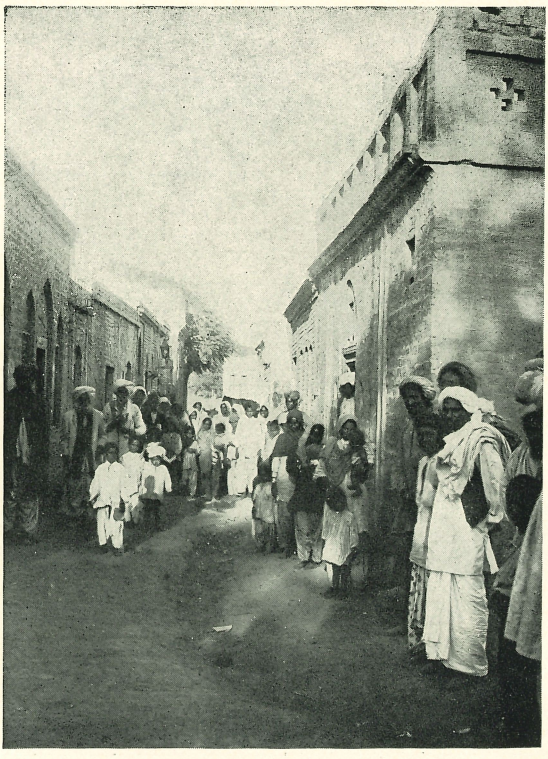
Murree, Seven Thousand Feet Above Sea Level, a Refuge from the Heat of Northern India

(*See page* 118)

A Mother's Treasure and Holy Family Hospital's Pets

"They Whiled Away Their Time Chatting, Joking, Quarrelling, or Charitably Relieving Each Other of Cooties"

(*See page* 100)



Catholic Sweepers in Rawalpindi

(*See page* 97)

A.B. degree from Trinity College, Washington, and before her entrance into the Society was employed as a pharmaceutical chemist.

Sister M. Francis Patrick is a native of New London, Conn., and was formerly Miss Agnes E. O'Sullivan. Her studies were made at Williams Memorial Institute, New London, and Mount Saint Joseph's, West Hartford, Conn. She formerly held the position of secretary in the Hartford Diocesan Chancery office.

A WORD OF THANKS

"Two objects cannot occupy the same space at the same time," is a fundamental law of physics. Thus it was that we were in a quandary as to where we should find sufficient room in our diminutive chapel for the Reverend Clergy, parents, relatives and friends not to mention the community, at the recent reception and profession ceremony. We were convinced without the need of persuasion that such a ceremony out in the open with a Field Mass was out of the question.

The Rev. Francis P. Goodall, C.S.C., superior of the Foreign Mission Seminary of Holy Cross, Brookland, Washington, came to our rescue promptly and very generously permitted us to use the artistically redecorated, roomy seminary chapel. We are most grateful to the Rev. Father Goodall for his magnanimity on this and so many previous occasions, as we are also indebted to the entire Holy Cross Congregation. May God reward them for such helpfulness, goodness and generosity. May He also grant that a much needed Motherhouse, for which we have been storming heaven, and the wherewithal to procure it, loom on the not too distant horizon.

Sister Mary Vincent Sails for India

Loudly and joyfully our Departure Bell pealed forth some time ago, announcing the departure of another member of the Society of Catholic Medical Missionaries for the mission field.

Sister Mary Vincent, S.C.M.M., was the chosen one. Her happiness was great. The Departure Ceremony was held in our own chapel here at the Motherhouse. As usual, the ceremony inspired us all and left us looking forward with even

greater hopes to the day when the same bell will ring out for us.

The cooks took due precautions to see that Sister Vincent, beginning her journey, was well fortified. The community gathered with her at the festive board and many were the instructions (wise and otherwise) that she received. The Novitiate claimed a particular share in this departure for Sister Vincent has served for some time as assistant to the Mistress of Novices.

Sister Mary Vincent, born Elizabeth Deegan, is the daughter of the late Peter and Margaret Deegan, of Dublin, Ireland. She was educated in the schools of her native city and prior to entering the Society of Catholic Medical Missionaries was an active member of Saint John's Ambulance Brigade in Dublin. She made her postulate at Mater Christi House, London, and came to Washington early in 1933.

Since Sister Vincent's departure from the Motherhouse she has been at our house in London. She expects to sail soon with a group of Presentation nuns whose destination is likewise Rawalpindi.

Our Summers

What are the Sisters doing during the summer? Have you ever wondered? To enlighten those of you to whom the answer is a mystery these few lines are written.

Summer at the Medical Mission House does not begin until the family is all together, and you may be sure that our Sister students meet with no small welcome as, one by one, they arrive home at the Motherhouse. Since health is an important requirement for every missionary, our summer schedule provides for as much time as possible to be spent in God's sunshine and fresh air.

To the tune of buzzing locusts, our gardening began full swing. Each morning we set out with spade and hoe to our respective sections determined to make our grounds orderly despite the unremitting efforts of moles, weeds and insects. To say that these pests had gained ground before we arrived on the scene would be to put it mildly, but through the dauntless efforts of the Medical Missionaries they soon became a minus quantity. Great merriment was caused by a pair of Dutch wooden shoes, sent all the way from Holland for gar-

dening. They were the largest size procurable but through very ingenious manipulations, smaller feet were soon adjusted. On dry days, they worked very nicely, but in muddy weather many were the times smaller feet found themselves walking back for their shoes. Barring the accidents mentioned, it was a picturesque sight, indeed, to see the touch of Holland ambling among our colorful flower beds. Our flower garden kept the altar very plainly but artistically adorned and our vegetable patch produced most of the vegetables needed. In recounting the sum-total of our horticultural adventures may we humbly mention that we also made a contribution to the business of the Brookland hardware stores; bent hoes, broken spades and split rake handles!

Blackberrying was done in relay fashion. One group picked, one washed and prepared them for the canning, which was done by a third group. The long hikes to the blackberry patches and the breaking of thorny paths is a good preparation for the mission field. Now and then a collision with a hornet's nest made the path breaking somewhat faster, but, needless to say, none the less easier. How careful one is walking through these thorny openings when time permits, but, it is surprising, indeed, to find how much faster one can make even new paths with a swarm of hornets in pursuit. We soon forget the uncomfortable side of blackberrying, however, when we see the luscious berries winking down to us through the shining jars as they stand, soldier-like, on the shelf.

"All work and no play makes Jack a dull boy," hence, the summer chores are periodically broken by jolly picnics or long walks in the woods surrounding the Motherhouse. These, and the various forms of recreation on our own grounds provide the proverbial play above mentioned.

We even had a cottage at the sea put at our disposal by a kind benefactress. The members divided into two groups and when the first group returned happy and rested from their ten days at the shore, the second group departed.

"All's well that ends well," and what could be a more perfect finale to so happy a summer as a retreat. Although we endeavor to make all our works a prayer, how good it is to look forward to this time when activity ceases and all our efforts are concentrated on things spiritual.

The retreat concludes our summer schedule and soon after the regular program of studies and work is ushered in.

The Reverend Michael A. Mathis' Return Journey

Reverend Father Mathis writes from the ship while on the Mediterranean: "Tomorrow we shall arrive at Naples. It has been a very speedy trip, only ten days from Bombay. The Arabian Sea was rough due to the monsoon and the Red Sea was hot, but quite bearable in contrast with our voyage out to India.

"The Apostolic Delegate, his secretary and seven other priests, seminarians and brothers are on board. The brothers are Brothers of Charity from Trier. They have charge of the men's department of the new Mercy Hospital in Shanghai, while the Maryknoll Sisters care for the women. I am especially interested in these brothers because their work is akin to ours.

"I expect to arrive in New York around October 1 and am looking forward to being home and at regular work again."

Due to Reverend Father Mathis' absence, the continuation of his review of Dr. Ohm's book on Medical Missions will appear in the next issue.

News From Persia

A letter from the capital of Persia says:

"Dear Dr. Dengel:

"I have just had a three months' siege of malaria. For nine weeks I was a patient at the Russian Hospital. Often I wished I could have been in your hospital at Rawalpindi again instead of here. The Russian is the more expensive of the two hospitals for white people in the city. The other is American so it is probably staffed and maintained by Protestant missionaries. The city is well supplied with doctors. Many of them are Russians who came here to escape the horrors of their own country.

"We have a nice parish church and school. The priests are French; the Sisters of Charity teach in the school.

"The age-old custom of the veiling of women was abolished five months ago. Such a drastic change at first seemed

very strange and it caused quite a sensation among the natives but now they are already becoming accustomed to it. This is another proof that the slow moving East of bygone days is changing radically and rapidly."

OSTERLEY

Osterley Loses Friend and Adviser

When the Rev. Father Edward King, S.J., of London, died on July 5, at the age of 61, regret was expressed on many sides. We, also, are among those who mourn and feel bereaved since he was one of the earliest friends of the Society.

When Dr. Dengel returned from India in 1924, she was introduced to Father King at the rectory on Farm Street, London. Medical Missions appealed to him and going to America to make the needs known also met with his encouragement. He substantiated his encouragement with a bundle of introductions, one of which was to the Rev. Father Richard Tierney, S. J., then editor of *America*, who proved a real and optimistic friend. While most people said to Dr. Dengel: "You have come at a bad time," Father Tierney said to her: "You have come at an excellent time," a remark which helped to offset the pessimism of the many.

After the foundation of the Society, Father King was kept informed and he continued his interest. When the Osterley house was opened, in 1932, it was but natural to turn to him for advice and guidance, which he gave untiringly and, no doubt, frequently at the cost of great inconvenience. He visited the Osterley Medical Mission House periodically, presided at garden parties and was always ready to help in a quiet, self-effacing way. His kindness was outstanding.

He particularly loved small boys, among whom he worked for years. When his health prevented him from continuing school work, he was appointed Secretary to the Provincial and Procurator for the Jesuit missions. His official duties were many, but they represented only a small fraction of what he did: missionary propaganda, the duties of chairman to the joint committees of foreign missions in London, a year's stay in South Africa, editorial work, and journeys—to mention only a few of them.

A few years ago he came to a meeting of new religious

communities of women, held at the Augustinian Convent of Goldenstein, in Salzburg, Austria. About fourteen new religious communities from many parts of the world, including our Society, were represented and many interesting and timely problems were discussed. Father King was one of the guiding factors, giving much from his rich storehouse of knowledge and experience.

He sowed good seed in many furrows and, no doubt, will reap much too. May we ask our readers to join with us in prayers for the repose of the soul of good and kind Father King. R. I. P.

Altar Donated in Thanksgiving

On the Golden Jubilee of her reception into the Catholic Church, a friend of Medical Missions and the Society donated an altar for our chapel in Osterley; a beautiful and suitable form of thanksgiving for such a grace. The benefactor left the choice to us. After seeing the new altar, she wrote:

"The altar, I think beautiful and in perfect taste; I am delighted with it. Your seal in front is so suitable. I like the wood and the proportions are good. Yours is certainly a most devotional little chapel."

Another much valued gift received at Osterley, also from a convert, is a beautiful statue of Our Lady, "Mater Christi," under whose patronage the house was established. How we hope and pray that England, "Our Lady's Dowry," may come back to the faith of her forefathers!

RAWALPINDI

Medical Missionaries Take a Vacation

Each year, the Sisters from Holy Family Hospital spend several weeks in Murree, a nearby hill station. Here they recuperate and store up energy for the strenuous work of the ensuing year.

Sister M. Stephanie writes from Oxford Villa:

"Several days ago, after a very busy forenoon, we were whisked off to Murree for our annual holiday. We had to move to a different cottage since the one used previously collapsed. Here the task of moving is very simple but none the less striking to the newcomer. A procession of coolies carries

furniture, baggage, etc., from one place to another. Everything, big or little, light or heavy, is balanced on the head. A load of 200 pounds is the average; a sturdy coolie who carries 350 or 400 pounds expects double pay.

"Getting settled was both vexing and amusing. Perhaps if it had been at the end instead of the beginning of our holiday it would have been just amusing. Our untrained sweeper makes a great deal of noise as he does his best to raise the dust to the ceiling. After having been blinded by dust several times we instructed him to sprinkle the floor with water to settle the dust. The next day he went through the same noisy procedure of raising dust to the skies. Silently we watched him. After the damage was done he very obediently and ceremoniously sprinkled the floor with a cup of water. We smiled. After repeated instructions, expostulations, warnings and threats we still find the dirt in a neat heap behind the door or in a corner.

"The *paniwalla* (water-carrier) is another trying figure. It took us a full week to convince him that four of us required more than one pail of water daily. The water has to be carried from a nearby convent.

"However, we are now comfortably settled in this lovely, quiet spot. A beautiful view of the mountains lies before us. On the Kashmir side, we can see on very clear days snow covered peaks off in the distance. Best of all is that we have Our Lord in the Blessed Sacrament in our tiny chapel. What more could we wish for? We spend our days reading, writing, resting and studying. In the evenings we sit out on the hillside and watch the beautiful sunset. After dark we can see the flickering lights of Pindi far off and on the hills and slopes opposite, numerous little fires which the simple country women have lighted to cook the frugal evening meal.

Another Learns a Lesson

Sister M. Joseph writes:

"One night during my term on night duty I was shifted from general to special duty. The patient was a 16 year old mother who had septicemia following delivery by a dhai. When the patient was at death's door the family brought her in expecting us to work a miracle. They, nine relatives and

the patient, took possession of the best room in the hospital. Very soon I sent all the relatives except one woman home. The patient's temperature rose to 107. We did everything possible but it was quite evident that she would soon depart this life so I sent for the husband. I soon regretted my intended act of kindness, however, and I promised myself that in future I would permit the Hindu patients to die in peace before calling the relatives. At 2 a. m. the girl's father, husband and sister arrived. Then the ordeal began! A picture of the God Krishna and a vessel containing water from the holy river Ganges were placed above the patient's head. Then all started imploring the gods in a musical tone. This became so loud that the patients in the hospital were awakened and kept awake. All the people in the room were sprinkled with Ganges water and the praying continued. The patient grew no better, and no worse despite the disturbance.

"The father asked me what I thought about the case. I assured him that his daughter was critically ill and that she would surely die. I rebuked him because he, being an educated and wealthy man, put his daughter in the care of a dhai instead of a doctor. He said he was helpless as she was living with her husband's family and consequently the mother-in-law had full say. They wanted the daughter to die at home so disregarding my protests they carried her away in a dying condition.

"Some time later to our very great surprise in walked the former patient whom we thought had long since left this world. She thanked us very graciously and attributed her cure to the hypodermic I gave her that night.

"The father took my rebuke and advice seriously. His wife has just been admitted for delivery."

DACCA

Sister Thomas writes:

"One morning I was just making a visit with our C. W. Indian woman doctor when suddenly she exclaimed: 'Look Sister, isn't that disgusting!' 'What's disgusting?' I asked, not seeing anything extraordinary. Her usual calm self had become quite perturbed. 'Can't see anything disgusting!' she said again, in amazement.

" 'Well,' I said, 'if they want to color the walls of their house sky blue, cerise, orange, etc., I'm sure I don't mind. It must please them.' 'No,' she said, 'it's not the colors, although I do not like them; it is what they stand for. It's for the new bride. Don't you remember I told you last week that my friend was sick.' Of course I remembered, but said: 'I did not know she lived in this house.' 'Well,' she said, 'she doesn't any more. She died three days ago and now the husband is getting the house ready for wife number four. He could not even wait one week. That's what is disgusting.'

" 'I was at the burning ghat (they were all Hindus),' said the doctor, 'and I saw with my own eyes three or four fathers with marriageable daughters trying to make appointments for the husband to come and see them. This is in itself quite a ceremony. The girl is made as attractive as possible and then presented to the prospective in-laws. However, as this man was older and did not belong to a joint family, he was free to make his own choice. Therefore, the speedy arrangements.'

"Every Hindu father must arrange marriage for all the children. Formerly he would have been considered a very bad father if all of his children were not married at the age of 10 or 12 years. Now the educated Hindus often do not marry before they are 16 or 18. Many finish their studies after marriage. In future years conditions may be different as the old order is rapidly changing."

Red Letter Days for Missionaries

The Sisters of the Society of Jesus, Mary and Joseph are doing very successful medical mission work in Southern India. The following is an extract from a letter received from Sister Mary of the Sacred Heart, M. D. with whom our readers have become acquainted in previous issues of THE MEDICAL MISSIONARY.

"The day before yesterday a number of people in a neighboring village was received into the Church. On Sunday evening the parish priest went to the village to give the neophytes a last instruction. On Monday morning, Father Dengel, Dr. Dengel's brother, said Holy Mass here early and

went to the parish priest's assistance, together with Reverend Mother and the Sisters who had been giving the villagers instruction. It is no small undertaking to baptize such groups. The parish priest remained in the "church"—a palm-leaf hut and baptized the men; outside Father Dengel baptized a group of women. The children were left for the evening, partly because the ceremonies are somewhat different, and partly because the baptism of a group of little ones requires great vigilance. The infants can be managed all right, but the toddlers are apt to run away and so miss the ceremonies or get them double. In all, 120 odd were baptized that day. Both Father Ruijgrok and Father Dengel were very happy, and the people not less so. Then followed a busy time for the priest as a number of the villagers had been baptized on a previous occasion and they now had to make their confessions.

"On Tuesday morning the Sisters left here again at 5 o'clock to sing a *Missa Cantata* in the village for the First Holy Communion of the neophytes. The "church" had meanwhile become far too small for the congregation. So it was enlarged by the simple expedient of taking out the front wall. That must have been a great improvement for the palm-leaf walls had no windows to admit air, a fact which helps to keep the Sisters awake when they spend a night in the village and camp in the "church" so that they can give an extra instruction before the people go to work in the morning. After Holy Mass was over, medals, pictures, rosaries, and crucifixes were distributed. Every now and then one of the new Christians came running to ask "What is my name now? I have forgotten it." Then with a sack of rice and other requisites to strengthen the inner man, the feast began, and Reverend Mother and the Sisters returned home. Such days are days of great happiness indeed. Please pray for our work and our people."

CHRISTIAN CHARITY IN MISSION LANDS

The Pontifical Society for the Propagation of the Faith, in April, 1934, issued the following program: In order to render the interest of the faithful in the mission cause more effective, it will be necessary to show them, in a comprehensive manner, the ways and means of spreading the faith. In view of this, it has been determined that one subject of general mission interest shall be studied each year and the results published in several languages so that they may form a source of information for every national, diocesan, and parochial director of mission activities.

The subject for 1935-1936 was: "Christian Charity in Mission Lands." The Reverend Ludwig Berg, D.D., was chosen to make this study for Germany, and the results of his investigation were published early this year in book form. Professor Berg was well prepared for this work, having already enriched the mission literature with an extensive work on the cultural influence of Catholic Missions.

In the first chapter a survey of the status quo of the mission world is given. The fact that two-thirds of mankind are still living in the darkness of paganism is made tangible in statistics that show how 0.6 per cent of the Chinese people are Catholics, while only 0.9 per cent of India's teeming millions belong to the true faith. It is the gigantic task of the missions to bring the love of Christ to the 1,348,886,215 non-Christians of the world, and to continue among them the life of the Saviour, teaching, baptizing, healing. As Christ went among the multitudes "doing good," so His followers have as their watchword: "Ad Lucem per Caritatem!"

The larger part of the remainder of the book is devoted to the medical mission apostolate, as a work of essential Christian charity. The care of the sick in the missions is an excellent means of winning the confidence of the people, as is convincingly proven in the accounts of missionaries in Africa, and China, India, Flores, and the South Sea Islands. But medical aid for the missions becomes a matter of extreme urgency when we lay the finger on some conditions which are actually existing in the missions today. To the spiritual needs and destitution of the people in the missions are added physical suffering, an overwhelming mass of superstitutions, barbarous customs, diseases and devastating epidemics. "I have come here as a physician," writes a medical missionary from East Africa, "and I expected the worst, but the reality makes me doubt whether it is at all possible to save these people. Sixty to 70 per cent of them are syphilitic; the infant

mortality is over 50 per cent; 3-4 out of every 10 newly born infants leave this world within the first week of life. Sixty to 70 per cent of the people have bilhariasis, elephantiasis, and hookworm disease. Numberless women die at childbirth."

Christian love has urged missionaries throughout the ages to relieve the sufferings of their people, but the time has now come to utilize modern science in this work of mercy in order to make it more effective and of lasting value.

When Dr. Berg wrote this book, the Instructions issued by the Sacred Congregation of the Propagation of the Faith, expressing the wish that missionaries should devote themselves in a professional way to health work in the missions, had not yet been published. It is therefore less surprising to learn Dr. Berg's opinions concerning the recruiting of the medical mission personnel. The care of the sick should, according to Dr. Berg, be left to lay doctors, while the missionaries could take care of the nursing. In case the mission finances could not afford the expense of having a mission doctor, the missionaries would be forced to replace his services. Dr. Berg holds that it is not possible for a missionary priest to be a mission doctor also. "When a mission doctor is ordained, we lose either a good missionary or a good doctor." This may be very true and many experienced missionaries and missiologists hold the same view, but the solution offered by Dr. Berg seems inadequate. An introductory course in medicine, as suggested, will be valuable for the missionary in preserving his own health and for giving first aid in emergencies, but it will not justify the doing of medical work regularly. There is enough quackery in this civilized world of ours; let us not introduce it into the missions!

The value of the above-mentioned courses should not be minimized; they are helpful as a temporary measure and almost essential to the missionaries personally, but it would be playing with life to make them the basis of a permanent medical service.

Now, if it is not desirable as a rule for priests to be doctors also, why could not our brothers and sisters take up this work? Father Berg does not consider this possibility and gives no reasons for it either. Around 1910 it was said that our brothers and sisters lacked the preliminary education for the study of medicine, but this objection may now be dismissed. A discussion of this point seems unnecessary and superfluous in view of the fact that the Church has officially

(*Continued on page* 133)

HIGH SPOTS ON A MISSION CRUISE

ANNA DENGEL, S.C.M.M., M.D.

A ticket from New York to New York, via around the world, was presented to me last Christmas. It gave me a thrill which I cannot put into words. To me the trip meant a MISSION trip, of course, and as such, something very valuable.

Good things, as well as bad, rarely come alone. In my case, I had the good fortune of having the pleasant and congenial companionship of a friend. As she is also a doctor and a Catholic much interested in the life of the Church in every phase and place, we had enough in common to make us almost inseparable during the one hundred and thirty-eight days of our cruise.

On the bleak, cold night of January 9 we embarked from New York. There were no heart-rending farewells to be witnessed as all the passengers were full of expectation and anticipation of wonderful sights, relaxation and rest. The band was playing melodiously and vigorously. Friends and relatives were waving cheerfully as we glided out of the harbor at midnight. We hurriedly deposited camera and handbaggage in our cabins and returned on deck to witness the spectacle of New York's fairy town fading away. During the day, no stretch of the imagination could even suggest that appellation for the busy metropolis, but let the myriad lights appear at nightfall, sparkling high and low, mirroring themselves in the harbor, then the picture changes. To my mind, it is one of *the* sights of the world.

OUR HOME AFLOAT

The first day of our trip, we explored our home afloat. It was the S. S. *Reliance,* the well-known world cruiser of the Hamburg-American Line. She was designed for tropical as well as temperate zones. Her size, twenty thousand tons, is a happy medium which allows her to enter even small ports. The engines had to work up seventeen thousand horsepower to propel us along.

Our cabin was the spot nearest and dearest to us. My friend's and mine were not far apart, both in a quiet, airy location. Above us, we encountered the library, well-stocked with books on travel and many other conceivable subjects, and written in several languages.

The adjoining sitting room was already occupied by some well-seasoned travelers who were on their third or fourth trip around the world, or, who, like one passenger, were in the habit of simply changing boats when the trip was over. To such, an inspection tour would, of course, be superfluous. The winter garden, which was profusely decorated with white lilacs and pink geraniums and with canaries fluttering about, we found the most attractive room. Cosy corners made it inviting. We spent, subsequently, many happy, delightful tea-time hours there, listening to the perfectly marvellous music of the ship's band, made up of twenty-three men, artists from tip to toe.

A story higher still, were all the usual sport facilities and the gymnasium, well equipped to give the ladies a chance to preserve their girlish figure.

The dining room was teeming with well-groomed stewards whose job it was to be smiling and unperturbed under all circumstances and to keep their respective table guests in good spirits. Back of the lines were the chef and his forty-three assistants! We chose a small table for two, near a port-hole, which later proved a wise selection. There, also, was a grille, where one could have parties or private meals. For fifty cents extra, it was possible to dine there in kingly style, eating with gilded forks and knives. The bar, of course, was in the vicinity.

There were offices galore—the chief steward's, the purser's, the cruise director's, the baggage master's, etc. A shop, also had been installed. It carried fountain pens, fancy dolls, jewelry, postal cards, books and what not!

Needless to say, we did not exhaust all the sights of the boat the first day, nor the first week. More about them anon.

TRINIDAD

As we sailed south, the sea became calmer and the air balmier. Trinidad, which we reached on the sixth day of our voyage, was already hot. No wonder, it is not much above the equator. Trinidad! Who gave thee thy pretentious name! It was Christopher Columbus, who, when sailing out on his third voyage in 1498, promised to call the first land discovered, in honor of the mystery of the three Divine Persons. The lot fell on the most southern of what are now called the Little Antilles. He naturally claimed it for Spain, but it took a hundred years to subdue the wild Caribbeans of the land of colibris, as their island was called. For a while there was also French influence, but in 1797 it became a British possession. We were taken by tender to the island's capital. On the way over I had a splendid opportunity

of obtaining some information as the barman was standing opposite me, quite at leisure. He was colored, spoke good English and said that he had been to college. He told us that on the island, attendance at school, up to the age of fourteen, was compulsory and free. He also volunteered the information that all men who have a means of livelihood must marry at the age of twenty-one. They are fined if they do not keep the law. The government, he said, is very strict about the observance of all laws. Offenders are punished by flogging or jail. Spitting on the sidewalk, for instance, is punished by a month's imprisonment. He mentioned that about two-thirds of the population are Catholic and that the people have a very friendly feeling towards the priests and nuns who did and still do much for them. He drew a very rosy picture of conditions on the island, but could not deny that the great difficulty in getting suitable employment had driven him to the job of barman.

After half an hour's trip in the tender, we landed in Port of Spain, a city of about sixty thousand inhabitants. We were greeted by a group of blackened and dolled-up clown musicians, who had designs on a few dollars. Sightseeing cars, here as elsewhere, previously arranged for, awaited us.

First, we drove to the outskirts of the city. There, evidently, lived the poor. The houses were made of wooden frame-work, finished off with mud, bamboo or wood. The population was all colored; negroes, Indians, Chinese and mixed races. Children abounded. Every now and then we were stopped by vendors of little rubber curios, cocoa and nutmeg fruits, silver bracelets and other similar nick-nacks. A few women, carrying babies, begged for alms. I asked one mother how old she was and how many children she had. The answer was twenty-four years and she had six children. As I was rather surprised, she explained that she had had twins twice, which, of course, speeds up matters. The baby in her arms was named Rita, a girl clinging to her skirts, Gertrude, and little Talbot peeped at us roguishly from behind her.

Wherever we drove, we saw on all sides luxurious vegetation; cocoa, mango, eucalyptus, palm, bamboo and orange trees seemed the most common. Birds could be heard everywhere, but the songsters were well hidden in the thick foliage. At one place we were shown porcupines, ugly monkeys, poisonous water-snakes and boa-constrictors coiled up in a heap and raising their heads between each other's bodies. A white goat was tied to the latter's cage. She was munch-

ing away, little suspecting that she was destined to be the next meal of the monsters.

We saw a botanical garden in almost every tropical city we visited, but the one in Trinidad claimed our greatest attention, because there we met for the first time specimens of coffee, camphor, bayrum, balsam of Peru, Chaulmoogra, cinnamon, gloriosa superba, chalice, naked Indian, Turkish sword and many other kinds of trees new to us. The British government imports tropical plants and trees from her colonies and other countries and tries them out at her well-known experimental station.

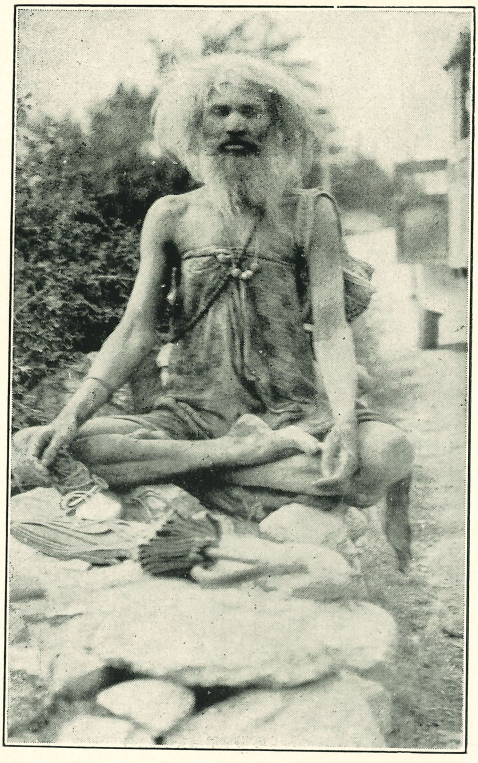
The governor's house stands in the park. In the residential section of the city, we saw some well-kept houses, for Europeans.

Unfortunately time did not permit us to go to the rather distant Cathedral and to call on the Dominican bishop. We did, however, visit the Holy Name Convent, a large school conducted by Dominican Sisters. Next door we saw the Colonial hospital, a fine building, which, the nuns told us, is well-equipped and has a training school for nurses.

Walking from the convent towards the pier, we noticed a sign: Nursery of Saint Therese of the Infant Jesus. After trying here and there, we discovered a narrow gate leading to the poor nursery building. An elderly, well-preserved colored lady was introduced to us as the originator of the establishment. "You see," she said, "there are so many little children on the island, who have no home, as the mothers, poor girls, have to earn their living. I made a novena to the Little Flower, as I wanted to do something to help them." After the novena, she began to adopt one after another, so that now, after two years, the little family has grown to almost twenty little beings, ranging in age from a few days to six years. They are being taken care of by herself, her daughter and a friend, and even a kindergarten teacher, whom we also met. In spite of the primitive care and surroundings the children looked healthy, which is a great achievement in a poor tropical institution. However, this was not an institution; it was just an overgrown family. One little four-months' old youngster was pointed out to us as having been baptized that same morning. His mother was a Protestant. Not being able to care for him, she had given him in adoption to the good woman, who did not delay in having the waters of regeneration poured over him. The big name of Ambrose was bestowed upon him. A little fellow in her arms was called "Tereso" in honor of Saint Therese. Love is inventive. "How

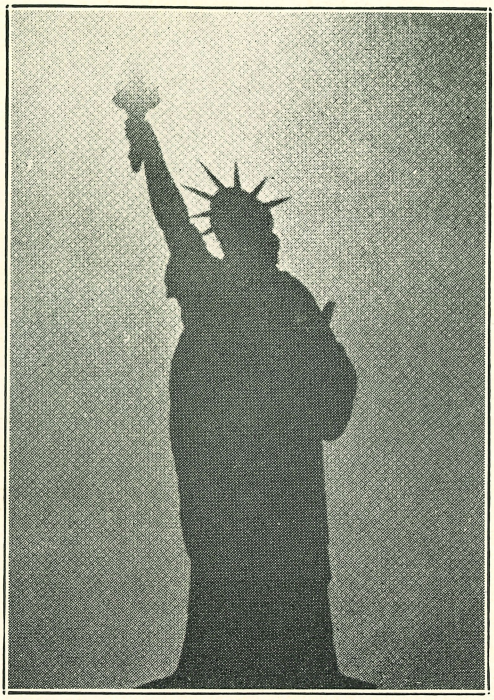
He Submitted to Vaccination With a Smile

(*See article page* 103)

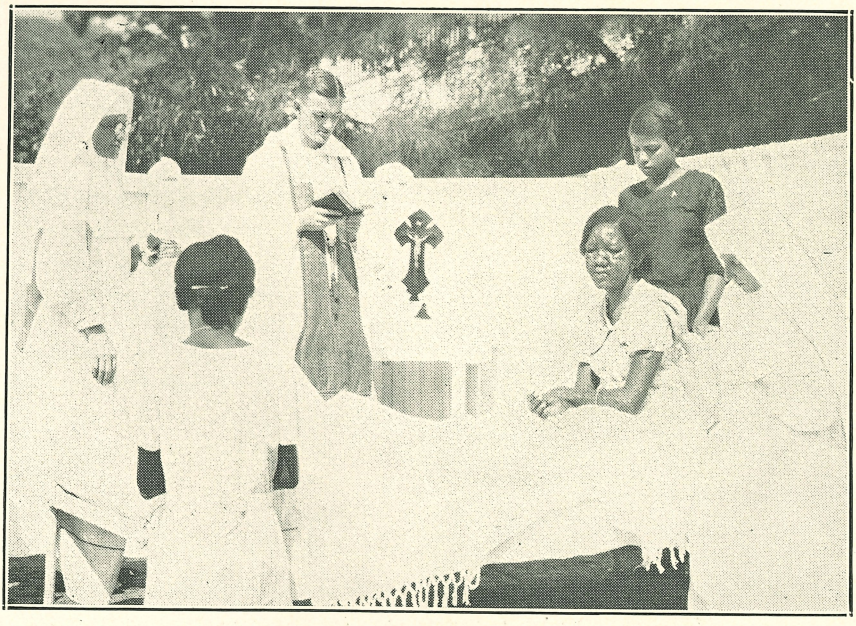


"A Long-Haired Fakir With His Ever Present Hocus-Pocus Instruments Guards the Entrance to the Sweepers' Compound"

(*See page* 100)



Our Last Glimpse as We Glided Out of New York Harbor



Solace for Body and Soul in Trinidad's Leper Home

is the whole family provided for?" I asked. "Every mother is supposed to pay a little; some have nothing, but the majority contribute two dollars or more or less a month" was her reply.

It astonished us to find that the shops closed at four o'clock in the afternoon. A very humane regulation in a hot country! American and English money is accepted; the regular currency is the Trinidad dollar.

Some of the passengers drove across the island, past fields of cane sugar and rice, woods and mountains, to the asphalt lake which provides sixty to seventy per cent of the asphalt of the world. In spite of the constant removal of the sticky mass, the level of the lake has only receded forty feet in many years. As if by magic, it fills up daily. One need not ask what the roads in Trinidad are made of!

THE LEPER ASYLUM

I left Trinidad with one big regret, namely, that time did not permit me to visit a Dominican Sister on the leper island of Chacachacare, with whom I had corresponded for years. To be so near and yet so far, with a slender chance of ever returning, made it tantalizing.

The July number of *Leprosy Review* gives a description of it, which made me regret all the more my inability to have a look at it all. It says: "Green clad slopes receding into innumerable bays with water as clear as crystal and foliage of that intense quality of green that only the tropics know; while buildings with red roofs against a background of coconut and royal palms, the pale haze of the Venezuelan mountains, just nine miles off, hanging on the skyline. Such is Chacachacare, the leper colony of Trinidad. . . .

"The Colony of Trinidad maintains a settlement of no less than four hundred and twenty-five men, women and children lepers at Chacachacare, in various stages of the disease. They are governed by a Chinese doctor who has made a life study of this dread disease. The settlement is spotlessly clean, there is no dust, no dirt, everything is washed and scrubbed with meticulous care. . . .

"Looking after the women lepers are Sisters of the Dominican Order, under the guidance of a Pole, who came to Chacachacare from Switzerland. It is a far cry from snow-clad hills to the burning sun of the tropics; but she is only typical of many who have devoted their lives for the relief of sufferers of the dreaded leprosy."

(To Be Continued)

SAINT HILDEGARDE

A Famous Woman Physician of the Early Middle Ages

DR. MARGARET HATTEMER

The Saint of our sketch was born in 1098 in the picturesque town of Bingen-on-the-Rhine. She was the tenth child with whom God blessed her parents who, shortly after her birth, presented her as a tithe offering to the Lord, according to the custom of the ages of faith.

Thus it happened that when but a child of eight she was placed under the maternal care of the 22-year-old recluse, Jutta. Under her guidance, Hildegarde's days were spent in an atmosphere of cloistered solitude and prayer, in learning to chant psalms, in spinning and in weaving. A formal education was not imparted to her; she barely learned to read and write.

At the age of 14, having decided to remain in the hermitage, she made her Solemn Vows as a Benedictine. By degrees, more Sisters had come to join the two recluses, and upon Jutta's death in 1136, Hildegarde, then 38, was elected superior and directress.

From her youth she had felt a mysterious power at work in her soul, and while growing more mature the strength and consciousness of this power increased in her. Hildegarde contemplated and beheld things not visible to others. At first, unaware of the peculiarity of this gift, she naively related her experiences. When she learned that these inner lights were not given to others, she became reticent about them and confided only in a few of her companions. Usually her visions were of a religious character, but sometimes worldly happenings were included. She was very attentive to all that went on about her and contemplated these occurrences in the depths of her soul.

In her forty-second year, she received an interior command to reveal her visions to the world. Despite her natural repugnance, she was obedient and manifested herself, first, to the spiritual director of the monastery, who consulted with his abbot. He, thereupon, ordered her to reduce to writing all that she had seen. Her case was submitted to the Archbishop of Mainz, who conferred with Pope Eugene concerning it. Hildegarde's character and experiences were subjected to a close scrutiny, and finally the visions were approved as coming from God. The Sovereign Pontiff Himself sent her a letter of approval and encouragement.

Following the direction of her interior guide, Hildegarde moved her convent from Disiboden to Bingen-on-the-Rhine, having been shown the site of the new foundation in a vision. Her fame increased rapidly. Those in high position, as well as those in low, sought her advice in spiritual and temporal matters. Crowds of people flocked to her for she had help for all, even though it were only a few kind words. Hildegarde cared not only for the needs of the soul but likewise for the welfare of the body. The sick and suffering approached her in great numbers, and considering the state of medical knowledge of her time, she was remarkably successful in aiding them.

Despite her charitable works and her numerous writings, she governed her monastery very prudently and her interior life did not suffer as the result of her many exterior activities.

Saint Hildegarde has left us five great literary works. The first is entitled "Scivias" (Know the Ways of the Lord). It deals with the work of the Redemption and develops the doctrines of the Church in a magnificent and unique manner. Upon the completion of this volume, Hildegarde devoted herself to the study of medicine and the natural sciences. As a result, she wrote "Physica," also called "Liber Subtilitatum Diversarum Naturarum Creaturarium" (The Book of the Subtleties of Created Things), and "Causae et Curae" (The Causes and Treatments of Diseases). Both books give evidence of a knowledge far above the average, which was remarkable considering her meagre education. These books alone would have sufficed to cause her to be recognized as a brilliant scientist. She also had the distinction of being the first German woman physician and author. To this day, her writings are a rich source of information in ethnology and the history of medicine.

In the year 1159, she wrote "Liber Meritorum" (The Book of a Meritorious Life). This is a description of morals which Dante is said to have used as a basis for his "Divine Comedy."

Her last great work, "Liber Divinorum Operum" (The Book of the Divine Works), was written in 1170. It sums up her theological, cosmological, physiological, and psychological studies, and presents them to the reader in a new form. We of the twentieth century find Saint Hildegarde's writings difficult to understand, but to the people of her time they were clear and vivid. Only a deep penetration into the world of thought of the twelfth century will disclose to us their true value.

In addition to these more important works, Hildegarde wrote several smaller ones, as well as several hundred letters addressed to

contemporary notables. She distinguished herself as a poet and composer and also invented a system of cryptography for use in her monastery. In the Middle Ages such codes were not rare in religious houses.

Urged by her interior lights, our Saint took four missionary journeys to different parts of Germany and gave lectures in many of the most renowned monasteries as well as in the market places. Everywhere she went, this frail woman with luminous eyes aroused the people by her convincing words and made a deep impression. On her third trip she founded a convent at Eibingen, near Rüdesheim, on the Rhine, since her house on the Ruppert Mountain had become too small for the many virgins who wished to be under the direction of the saintly abbess.

Fame and learning, however, did not save her from sufferings and trials. The hardest of these came upon her in the eightieth year of her life. A sentence of Interdict was passed upon her monastery. Divine services and the administration of the Sacraments were forbidden, and Hildegarde, obedient daughter of the Church, submitted. Nevertheless, she firmly and steadily sought for the removal of the interdict. Early in 1179, despite her weakness and old age, she journeyed to Mainz for this purpose, and the following summer her efforts were rewarded with success. The interdict was removed and the bells of the convent pealed forth once more, but the Abbess was to hear them for only a short six weeks. She died on September 17, 1179, at the age of 82 years, and was mourned not only by her fellow countrymen but by the whole of cultural Europe.

Hildegarde's life speaks for itself. It is a proof that nuns, in early Christian days, were permitted to develop their talents to the full extent. The old rule of Saint Benedict set no obstacles to such progress. In the fifty-seventh chapter of his rule he says: "Should there be artificers in the monastery, let them work at their occupations in all humility and reverence, if the Abbot gives permission." As a Benedictine, there was nothing to prevent Hildegarde from continuing the Teutonic tradition of women practising medicine. In every respect, she had the opportunity of developing her mental powers fully. She was highly esteemed by her contemporaries because of her brilliant accomplishments.

In the later Middle Ages many limitations were introduced into monasteries of women, but every now and then efforts cropped up to counteract them. One has but to recall the revolutionary endeavors of Saint Angela de Medici, Mary Ward, Saint Francis de Sales, Saint

Vincent de Paul, as well as the pioneers of the new religious communities of the nineteenth century, to realize the truth of this.

God is wonderful in His saints. He is wonderful in guiding and directing His Church; wonderful in the ways in which He, again and again, calls men and women to found communities for the fulfillment of the needs of the time. It is reserved to a later generation than ours to comprehend the meaning and the purpose of those limitations through which God, for almost a millennium, restricted the activities of women in the Church.

CHRISTIAN CHARITY IN MISSION LANDS

(*Continued from page* 124)

instructed her missionary sisters to take up the study of medicine at recognized universities; yet it seems to be hard for many to get off the beaten track and even to consider the possibility of religious being physicians. The Instructions of Propaganda issued on February 11 have, however, decided this question definitely.

It is rather interesting to read in the same chapter of nuns doing maternity work that "Rome tolerates it but does not approve of it." Three months after Dr. Berg wrote these words the above-mentioned decree brought the message that Rome would like to see religious women take up this work and that "they must see a noble expression of Christian charity in this delicate service."

Apart from these controversial points, however, Dr. Berg explains the scope and value of the medical mission apostolate very thoroughly and convincingly. He does not merely "talk" about it, but gives concrete proofs by actual accounts of missionaries which were obtained from the archives of Propaganda Fide, some of which had not been published before. The book is therefore what it was meant to be: a valuable source of information for any mission worker.

PLEASE JOIN OUR LADY'S LEAGUE OF GRATITUDE

The League of Gratitude was conceived and established to create a bond of helpful union between our benefactors and our Society for the purpose of extending the Kingdom of Christ through charity to the sick and suffering in mission countries. Its heavenly patron is Our Lady, Cause of Our Joy, under which title the Society of Catholic Medical Missionaries is dedicated to her. His Excellency, the Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore, kindly granted his approval of the League in March, 1928. The dynamo which sets and keeps it in motion is—as the name implies—gratitude to God for the priceless gifts of Faith and health, and the many blessings bestowed upon us daily.

When we are the recipients of favors and gifts from our friends, we thank them and as soon as opportunity presents itself and means permit, it is a pleasure for us to show our appreciation and esteem by a favor or gift in return. Should we not act all the more generously towards God? We can thank Him at any hour and everywhere; and our little gifts are always acceptable to Him. Did He not say: What you do to the least of these, you do it unto me, and, in the person of the poor, He is always with us. Think of all the sick and destitute in the missions!

From its inception, the League of Gratitude appealed to our friends. With the growth of the Society we naturally aim, also, at the increase of the League of Gratitude family. We want to pray, make sacrifices and labor together for the extension of God's Kingdom through charity to the sick and suffering. Each and every one can have a share according to circumstances.

In order to achieve these ends, members pledge themselves:

1. To thank God frequently for all His gifts, especially those of Faith and Health and to ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below from a motive of gratitude:

EUCHARISTIC BRANCH: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

OUR LADY'S BRANCH: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

SAINT JOSEPH'S BRANCH: Those who contribute $500.00 or more to the works of the Society, either in one donation or covering a period of years.

SAINT LUKE'S BRANCH: Those who contribute $100.00 or more to the works of the Society, either in one donation or covering a period of years.

SAINT ANTHONY'S BRANCH: Those who contribute $50.00 or more to the works of the Society, either in one donation or covering a period of years.

SAINT FRANCIS XAVIER'S BRANCH: Those who contribute annually $1.00 or more to the works of the Society, or who subscribe to THE MEDICAL MISSIONARY.

LITTLE FLOWER BRANCH: Those children who contribute 10 cents a year.

In addition to the Masses and Prayers of the Members of the *League,* benefactors are remembered daily at Mass and Holy Communion and in all the prayers and works of the Medical Missionaries.

Deceased relatives and friends may be enrolled in any of the branches. They will then share in the spiritual benefits of the League of Gratitude.

OUR MOST URGENT NEED

We like our little house, or I should say, little houses, on our hill so well that we think only with reluctance of larger quarters. But it has to come soon. We actually do not fit any more.

May we ask our readers to pray for light and guidance for us in the solution of the important problem of a Motherhouse and also to come to our assistance with a contribution.

Who will lay the foundation stone of the Motherhouse Fund in honor of Our Lady, Cause of Our Joy?

THE OCTOBER MISSION INTENTION OF THE APOSTLESHIP OF PRAYER

The Contributions of the Faithful

It may surprise some that the support of the missions has been considered so important as to be recommended to the prayers of thirty millions of people. The missionaries themselves will not wonder at it, for is not the problem of the support of their missions one of their constant trials, obstacles, anxieties, and objects of prayer?

Picture a mission bishop with an empty treasury! He would like to build a church, or accept a promising lad for the seminary, or start a school, or one of his priests is critically ill and should go home to recuperate, or a famine has broken out in his district. These are only a few of a hundred or more possibilities. And think of the Mother Superior! In one place she has her little army of orphans on hand and oh, the music, if they have to go to bed hungry; in another house maybe there are old folk; they too have to keep body and soul together. Schools must be maintained; they are most important. And other things will happen almost everywhere: people will turn up with sores and bites and burns and pains. Kind words and paper bandages will not be quite enough! More serious cases also occur: there is somebody with a dangerous tumor, which should be removed, or a child that fell from a tree and sustained a severe fracture, or a poor mother suffering from septicaemia who is in danger of being lost to her family. A hospital is needed for such cases. But oh, to build, equip and maintain a hospital is so expensive! And that is not all. Missionaries do not grow on trees ready made. Before being sent afar, they have to be tried, tested, trained, educated and housed, clothed and fed as well. These are real problems. We for instance, are in dire need of a larger house just now.

The marvellous thing about it all is that for all these gigantic mission needs there is only one bank to draw upon and that is the never-failing bank of Providence and the charity of the faithful. That this bank may flourish more and more so that the ever-growing work of the propagation of the faith be not held up or delayed for the want of means, all Catholics are asked to pray earnestly. Please, dear Reader, say a definite prayer daily for that intention!

AN INDIAN AYAH

Almost one of the first things Mrs. Jones had to do upon arrival in India was to find some one to look after the baby. To bring a nurse from home was out of the question. She had heard, of course, of Indian ayahs, but she had her doubts about them. Somewhere or other she had read that they drug their charges when they are too lusty and persistent in their yells. When she aired her misgivings to Mrs. Smith, the latter told her that none of her ayahs ever did such things, and to engage one by all means. Mrs. Jones forthwith set about it and had no trouble in finding a good, experienced, motherly soul, who had raised a family of her own. She proudly produced a number of *chits* (testimonials) from several ladies who recommended her as being devoted, clean, and able to mend.

With the arrival of the ayah, Mrs. Jones was completely relieved of all work for her baby son, and he made friends with his ayah almost at once. Her numerous earrings, and the jingling and glittering of her dozen or more bracelets, fascinated him. When he and she sat on the floor together he could pull at her silver ankle rings and play with her bare toes. Soon he also made a very important discovery. Whilst his mother had, at least at times, given him a chance of strengthening his lungs, the ayah did not believe in letting him exercise his vocal chords. As soon as he began to cry she poured forth a babble of baby language, or drew music from her bangles, or took him up to soothe and feed him, and this as often as he repeated his antics. Happily, however, Mrs. Jones regulated the feeding time. Apart from that she had not much to say in the matter, for the ayah had very definite ideas of her own. Being an Indian woman, she could not endure acting in any way contrary to the child's wishes. All the more so as her *baba* was a boy, and as such destined to be one of the lords of the earth, who must be treated with deference and whose path must be smoothed of all obstacles. For a baby girl it would not have been so important, for after all, her life was to be one of sacrifice and self-abnegation anyhow.

Another difficulty was this: she took great pride in her *baba* and loved to see him sturdy and dressed in his Sunday-best. Not only his father and mother but friends also would make favorable comments about his pretty eyes, or curly head, or pudgy little hands. This was very dangerous in her estimation, for praise in any shape or form was only a lure for the evil spirits. She hoped, however,

that muttering mantras would avert the evil eye and counteract any possible bad influences or curses and insure health and happiness.

Other things also rendered her task more difficult. For instance, she had it on tradition that no one with a long head can achieve anything great. Consequently, when Baby Jones naughtily rolled on his side, he was promptly thrust onto his back again, in order that his head might be pressed into the beautiful round shape which, in her mind, was associated with greatness, fine physique, and splendid achievements.

She was also very dexterous in interposing herself between her *baba* and a mirror. His teeth might grow crooked if he saw himself in it. She even went further than that. She kept the parings of his nails together so that on the threshold of a new life he would not have to wander about assembling parts of his anatomy through her fault.

Bathing, feeding the *baba,* taking him for an airing in his carriage, washing and mending—all these tasks were easy in comparison with the anxiety of keeping the manifold hidden forces in abeyance or favor. Baby Jones's ayah was only one of thousands who lighten the burdens of white mothers in India and who give the babies a thoroughly good time, although perhaps not always such a good training.

Words of Our Holy Father

"In the governing of our large family there is no dearth of sorrows and worries; every day brings its quota. But the work of all who labor intensively for the Propagation of the Faith furnishes a balm for these pains which is truly precious, without substitute, without equal." (To the Superior Council of the Propagation of the Faith.)

Book Reviews and Review of Reviews

JAHRBUCH 1936; Katholische Missionsärztliche Fürsorge. Prof. Dr. C. B. Becker, S.D.S., Würzburg, Germany.

The Year Book of the Würzburg Medical Mission Institute is always a welcome guest in our society. It brings us news and information about our colleagues in the field, besides a wealth of instructive and interesting material, both medical and missionary. Not only do we read about the widespread activities of the Institute, but also of the various medical mission enterprises everywhere in Europe, America, and the mission countries, Protestant as well as Catholic. This makes the publication of wide and lasting interest to all those concerned with the missions of today.

The first article is a guest editorial, written by a Protestant professor from Tübingen, Dr. G. Olpp, and entitled: "Why Medical Missions, Even Today?" The author takes his arguments from the vast amount of intense suffering found everywhere in the tropical countries and the debt of reparation which our countries owe to their colonies. The discussion has all the force of sympathetic touch and brilliant style, but lacks the viewpoint of the supernatural, which is a definite deficiency to the Catholic mind.

"Vaccination Against Yellow Fever" describes scientifically but in simple language the latest progress in the struggle against this dreaded disease, especially the possibility of safe and effective vaccination on a large scale.

From the pen of Prof. Andreas Knack comes an instructive article on the medical task in a large mission, the Scheut mission district in the North of China. The organization of the medical and sanitary works in that province may well serve as an example of what determined and competent efforts can achieve, even under the most unpromising circumstances. The names of Father Rutten, Dr. Lossouarn, and Father Szuniewicz are well known in medical missionary circles.

St. Joseph's Hospital in Tsinanfu, China, has weathered the first 10 years, and its chief, Dr. Anton Scheer, describes the past and present work of the establishment. A large amount of space is allotted to the annual report of the Würzburg Institute and the letters of the mission doctors. Ten new candidates were received, nine stu-

dents finished their medical course at the university, and two doctors went out to the field for the first time, while several others visited the home in Würzburg during leave of absence from their mission posts.

An extensive record of the progress in Catholic and Protestant medical missions increases the value of the yearbook, and several book reviews complete the volume.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam. March, April, and May, 1936.

In the beginning of our reviews of the M. M. M. we made the remark that this magazine is written, in the first place, for missionaries on the field who are giving non-professional but much-needed care to the sick and who welcome and utilize the constant stream of medical information furnished by this monthly publication. This fact must be kept in mind in order to understand and appreciate the magazine. It is used principally as a means of instruction and information on simple medical problems of the tropics. In addition, it also keeps the missionary in touch with the latest development of professional medical missions.

The March issue carries a study on "Tropical Skin Diseases," which is continued in the April number. Not only description and etiology are given but also some simple methods of treatment. The work of teaching is continued by an article on "Rats, Weil's Disease and Rat-Bite Fever." The role of the various kinds of rats in the spread of these diseases is clearly and emphatically set forth and some means of prophylaxis and treatment are added.

The practical results of the work of the Dutch Committee are visible in the "Letters from Missionaries." Incidentally these letters, of which several hundred have been collected and printed, constitute a wealth of material for anyone who wishes to study the medical work done by non-professionals in the missions. They are a clear indication of the missionary value of this work for the sick, and also of its limitations in the realms of medicine. A number of news-items, more or less indiscriminately picked as far as importance goes, conclude this issue.

Beside the continuation of the article on skin diseases, already mentioned above, the April number contains a most informative study of "Obstetrical Aid in the Mission Countries." The principal feature of this discussion is a letter written by a sister on the field, showing some of the atrocities of native midwifery which the sisters are called

upon to remedy, often with wholly inadequate means and training. In this connection the recent instruction of the Sacred Congregation of Propaganda Fide concerning maternity work in the missions, which is published in the next issue, stands out in bold relief. The necessity and possibility of giving better obstetrical care, mainly by means of sisters-midwives and doctors, was one of the chief topics of the annual conference between mission superiors and the members of the Medical Mission Committee.

The May issue contains the annual report of the work accomplished during the year in the various fields of activity which this committee maintains. The picture is rounded out by a description of various medical missionary undertakings in different countries. Both are unmistakable witnesses of the constant increase and improvement of medical care in the mission countries.

ZEITSCHRIFT FÜR MISSIONSWISSENSCHAFT. Prof. J. Schmidlin, No. 2, 1936.

"Mission Methods" is the subject of the two chief contributions to the second number of the Zeitschrift in 1936. The first article is a study of the methods of conversion and Christianization from Saint Boniface to the Saxon mission, written by Dr. H. Wiedemann, M.S.C., an expert on this theme. It is interesting to read about the mission methods of the great and saintly missionaries to the Germans, so different from the present-day mode of attack, yet so eminently successful. Short preparations and early baptisms, followed by thorough instruction and rigid discipline in which the secular powers not seldom played an extensive part—such is the outline of Saint Boniface's mission work. The conversion of the Saxons took place in a similar manner, except for the fact that the armies of Charlemagne were instrumental in the first step of the exterior conversion of the Saxons. Despite this universally condemned but historically excusable use of secular force, the Saxons in less than a century became a thoroughly Catholic country and people, thanks to the excellent follow-up work.

Engaging in its contrast and comparison with the above is the next article, written by Canon Ulms and entitled "The Catechumenate in the Chinese Missions of the Present." The great differences in cultural and social conditions in the various provinces of China do not permit a uniform catechumenate. Canon Ulms distinguishes three types: a period of preparation during which the catechumens continue their ordinary life and are instructed at regular intervals by the missionary and his catechists; secondly, a preparation

made in a special institution under the care of priests and sisters; and, lastly, a combination of the two, in which the period spent in the institution is short and more in the manner of a retreat following the months of instruction at home. The author discusses the districts of China individually, showing that the local differences are merely variants of the original theme.

Among the shorter articles is a review of the three mission science courses in Rome at the Urbanum, the Gregoriana and the Antonianum. A complete and well-documented essay on the status of the African mission, written by Dr. Freitag, follows. Finally, book reviews and a bibliography of all the mission history publications of 1934-1935.

IL PENSIERO MISSIONARIO. Edited by the Missionary Union of the Clergy, Rome. March, 1936.

This magazine opens with a letter of Msgr. Marello, Apostolic Delegate to Japan, addressed to all the missionaries under his care. It is a valuable document on accommodation. The aim of this letter is to render uniform, as far as possible, all the different religious customs and mission methods in Japan, and to point out the necessity of complete adaptation to all that is not explicitly and actually pagan in Japanese customs and ideals. The following are a few of the problems touched upon by this publication: The observance of national feast days, religious instructions in schools admitting pagan children, rules for communities of native religious, and the language in school and church.

An instructive footnote is added to the article of Father Perbal on the "Native Clergy," published in the last two numbers of the P.M. Prof. d'Elia, S.J., points out that the necessity of native priests occupied the minds of the earliest missionaries in the modern history of China, particularly Father Ricci, S.J. Almost 50 years before the official beginning of a seminary for native clergy in China efforts were being made in that direction, showing that the theory was understood long before the practice was possible.

L'AIDE MEDICALE AUX MISSIONS. Brussels, July, 1936.

As might be expected, this number of the A. M. M. puts the Congress of Catholic Physicians in Vienna in the limelight. Two interesting talks, forming a large share of the discussions on the medical missionary conference, were given by representatives of the

French and Belgian organizations and are reported in extenso in this issue. The subject matter of the articles is a topic especially dear to our colleagues over in Europe: the medical formation and physical examination of missionaries.

Concerning the medical training of missionaries, Dr. Fernandes writes that experience and common sense have made clear the impossibility of compressing four years of medical school into a course of six weeks. He advises to place the emphasis on the study of hygiene, sanitation, and prophylaxis which are more easily understood by the non-professional and more effective in the end. The ideal solution would be to teach these subjects during the years of formation in the seminary and then to supplement the knowledge gained by a course in first aid, care of wounds and accidents, and diagnosis of the most common diseases. This is a large program, but undoubtedly a most wise and efficient one!

A complete physical examination of the outgoing missionary is, or should be, a matter of course in every case. It is inexcusable to send out a missionary to the field without a moral certainty that he has a good chance of retaining his health and being able to do his work. These physical examinations have been organized and put into the hands of a competent committee of doctors in two countries, Holland and Belgium. Dr. Pasteau explains the work of this committee in Belgium and its first successes.

This number closes with the usual reports of the Ladies' Auxiliary and several doctors in the Belgian Congo.

INTERESTING ARTICLES IN FOREIGN MAGAZINES

"Katholisches Arzttum im Ausland," in "St. Lukas," Vienna, No. 2, 1936.

A short summary of the status of Catholic Medical Missions as an introduction to the discussions of the Second International Congress of Catholic Physicians on this topic. It has the advantage of being as complete as it is brief, and of placing the emphasis on the professional medical aspects of our missions.

"La Morale des Noirs dans le Folklore du Haut-Ogooue (Gabon)," by Rev. J. Adam, S.Sp., in "Les Missions Catholiques," May 15 and June 1, 1936.

In this study of the virtues and vices of the negroes as revealed in

their proverbs, Father Adam shows how missionaries can utilize these natural forces in converting the people.

"Action Catholique en Chine," by Rev. Jos. Marechal, C.I.C.M., in "Revue de l'Aucam," July, 1936.

The well-organized lay apostolate of China may well serve as a model and an example of Catholic action in the missions. This article discusses some of the outstanding leaders who have made the organization what it is.

'L'Islam et l'Evangile," by Pierre Chaillet, in "En Terre d'Islam," May-June, 1936.

This most engaging topic was the subject of a discourse written in 1823 by Dr. Moehler, a young professor of Tübingen, Germany. So lucid and deep is the reasoning that it still deserves the attention of scholars and students today.

"Die Gegenwärtige Entwicklung des Laienapostolats in den Katholischen Missionen," by Dr. Max Bierbaum, in "Die Katholischen Missionen," August, 1936.

The author unites in this article exact data about the organized lay apostolate in the mission countries with inspiring arguments for the growth and improvement of Catholic Action all over the world.

"Les Iles Philippines du Grand Archipel de la Chine," by P. H. Bernard, S.J., in "Collectanea Commissionis Synodalis," March-August, 1936.

This series of articles gives the history of the invasion of China and of Japan by outstanding Spanish missionaries and religious communities with their successes and failures. In his writings Alfonso Sanchez, S.J., declares that the seed for Chrstianizing the whole Orient was laid in the Philippine Islands.

"The Catholic Press in China," by Dr. Rudolf Löwenthal, in "Collectanea Commissionis Synodalis," March, 1936.

A very complete survey of the present Catholic periodical press in China, from daily newspapers to annual reports. and from purely religious magazines to scientific journals.

"Zur Frage der Anpassung in Japan," by P. Joseph Maria Wiget, S.J., in "Die Katholischen Missionen," June, 1936.

This article points out the necessity of having well-educated missionaries with great virtue and high ideals. Only such laborers will solve successfully the question of accommodating Catholicism to the Japanese world of action and thought.

The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 211 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

As our needs are really pressing, please remember the first community founded in the Catholic Church for this purpose:

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.
BROOKLAND, WASHINGTON, D. C.

The Society of Catholic Medical Missionaries

The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

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